

**FINANCIAL AFFIDAVIT**CJA 23  
(Rev. 5/98)

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES  
IN THE CASE OF☒ MAGISTRATE ☐ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)

FOR

LOCATION NUMBER

UNITED STATES vs. TRICE

N.D. OF ILLINOIS

Rogers**FILED**

PERSON REPRESENTED (Show your full name)

NOV 13 2007

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURTCHARGE/OFFENSE (describe if applicable & check box → ☒ Felony ☐ Misdemeanor21 USC § 841, 846

- ☒ Defendant - Adult  
☐ Defendant - Juvenile  
☐ Appellant  
☐ Probation Violator  
☐ Parole Violator  
☐ Habeas Petitioner  
☐ 2255 Petitioner  
☐ Material Witness  
☐ Other (Specify) \_\_\_\_\_

DOCKET NUMBERS

Magistrate 07cr74507cr1000

District Court

REMOVED

Court of Appeals

07cr745**RECEIVED****ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY****EMPLOYMENT**Are you now employed? ☐ Yes ☒ No ☐ Am Self Employed

Name and address of employer: \_\_\_\_\_

**MAGISTRATE JUDGE NAN R. NOLAN  
UNITED STATES DISTRICT COURT**IF YES, how much do you  
earn per month? \$ \_\_\_\_\_IF NO, give month and year of last employment  
How much did you earn per month? \$ \_\_\_\_\_If married is your Spouse employed? ☐ Yes ☐ NoIF YES, how much does your  
Spouse earn per month? \$ \_\_\_\_\_If a minor under age 21, what is your Parents or  
Guardian's approximate monthly income? \$ \_\_\_\_\_**OTHER INCOME**Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? ☐ Yes ☐ NoIF YES, GIVE THE AMOUNT  
RECEIVED & IDENTIFY \$ \_\_\_\_\_  
THE SOURCES \_\_\_\_\_

RECEIVED

400 000 JES

SOURCES

**CASH**Have you any cash on hand or money in savings or checking account ☐ Yes ☒ No IF YES, state total amount \$ \_\_\_\_\_**PROPERTY**Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? ☐ Yes ☒ NoIF YES, GIVE THE VALUE AND \$ \_\_\_\_\_  
DESCRIBE IT \_\_\_\_\_

VALUE

DESCRIPTION

**DEPENDENTS**

MARITAL STATUS

☒ SINGLE☐ MARRIED☐ WIDOWED☐ SEPARATED OR  
DIVORCEDTotal  
No. of  
Dependents

List persons you actually support and your relationship to them

**OBLIGATIONS  
& DEBTS****DEBTS &  
MONTHLY  
BILLS**(LIST ALL CREDITORS,  
INCLUDING BANKS,  
LOAN COMPANIES,  
CHARGE ACCOUNTS,  
ETC.)APARTMENT  
OR HOME:

Creditors

Total Debt

Monthly Payt.

LATRICE SMITH-ROBERTS

\$

\$

BOARD

\$

\$

\$

\$

\$

\$

\$

\$

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

11/13/07SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)Latrice Smith-Roberts